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CONFIRMATION NO. 7651

<b>SERIAL NUMBER</b> 10/820,380	<b>FILING OR 371(c) DATE</b> 04/07/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> UMD-0024
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/946,325 09/05/2001 ABN *gh*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED; FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>gh</i> Initials			

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## TITLE

Multi-lineage directed induction of bone marrow stromal cell differentiation

<b>FILING FEE RECEIVED</b> 1021	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT. No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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